



Fun on the Run Pre-School centre

16-260 Regina Road. Woodbridge, Ontario. L4L 8P8.

☎ (905) 265-7458 | www.funontherunchildcare.com

SUMMER CAMP [2025] REGISTRATION

Place a check on the location and weeks that your child will be attending.

ANNE FRANK P.S. JOHNNY LOMBARDI P.S. POPE FRANCIS C.E.S.

W1: July 7-11, 2025 **W4:** Jul.28-Aug.1, 2025 **W7:** August 18-22, 2025

W2: July 14-18, 2025 **W5:** August 4-8, 2025

W3: July 21-25, 2025 **W6:** August 11-15, 2025

Camp Hours of Operation:

7:00am-5:30pm

FOR OFFICE USE ONLY:

Date Received: _____

Payment Amount: _____

Cash E-Transfer

Subsidy

Hot Lunch Payment Included

Camp Shirt Payment Included

Youth Camp T-Shirt Sizing

S M L XL

CHILD'S INFORMATION

Please complete the registration form in full – one per child

First Name: _____ Last Name: _____

Home Address: _____ City: _____ Postal Code: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Weight (in pounds): _____ Height (in feet): _____

PARENT/GUARDIAN INFORMATION

Parent Name: _____ **Parent** Name: _____

Home Address: _____ Home Address: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ Email Address: _____

MEDICAL INFORMATION

Does your child have an anaphylactic allergy or a medical need? (Please Check) NO YES

If you checked YES, please contact Fun on the Run's Head Office to receive additional required forms for your child

Other: _____ Allergies: _____

Hearing Difficulties: _____ Sight Difficulties: _____ Skin Condition: _____

Is Special Attention Required? (Exceptionality, Behaviour, Diet, Rest, Speech, etc.) NO YES

If so, please describe: _____

Is your child under any form of treatment/medication for an illness or an injury? _____

If so, would it interfere with their participation in the Summer Camp program? _____

FAMILY DOCTOR INFORMATION

Name of Family Doctor: _____ Office Phone: _____

Full Address: _____ Suite #: _____ City: _____

EMERGENCY CONTACT

Full Name: _____ Phone Number: _____

PERMISSION TO PICK UP

Full Name: _____ Phone Number: _____

Full Name: _____ Phone Number: _____

I understand that full fees are required for the weeks in which I have registered. I understand that I will not be able to cancel once my payment is received by Fun on the Run. **NO REFUNDS.**

I grant permission for my child to participate in all Summer Camp programs and activities. I have read and agree to the terms and will notify the Centre of any changes in writing. In case of an emergency, I grant permission for my child to be taken to a hospital and treated by the on-duty physician.

PARENT NAME (PRINT)

PARENT SIGNATURE

DATE



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MEDIA CONSENT FORM

Summer Camp [2025]

Throughout our Summer Camp program, Fun on the Run's qualified educators will be taking photos of your child engaged in learning, to use the data as pedagogical documentation. This will help to make your child's experience at Fun on the Run visible within our program outlets (social media).

Documentation of photos will also be used to share within our monthly newsletters, our private and public online platform on *Instagram*, and Fun on the Run's website (www.funontherunchildcare.com).

We are asking for your cooperation by consenting to have your child's photograph and work used for the purposes described above.

ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM. I **VOLUNTARILY** GIVE FUN ON THE RUN CONSENT TO INCLUDE MY CHILD'S PHOTOS AND WORK ON PROGRAM BULLETIN BOARDS, MONTHLY NEWSLETTERS, INSTAGRAM AND FUN ON THE RUN'S WEBSITE.

I understand that this consent is only valid for the 2025 Summer Camp program and may be withdrawn by me at any time, upon written notice.

Child's Full Name	Date of Submission
Name of Parent/Guardian (Print)	Signature of Parent/Guardian

I **DO NOT** PROVIDE MEDIA CONSENT FOR MY CHILD AT FUN ON THE RUN.



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PERMISSION TO PARTICIPATE IN OFF-SITE WALKING EXCURSIONS

Summer Camp [2025]

Child's Information	
First Name	Last Name

Parent/Guardian permission is required for your child to participate in camp-related walking excursions within the nearby school community and within walking distance of the school (i.e. walks to the local park) during Summer Camp. Such excursions must be approved by the Supervisor on-site and supervised by Fun on the Run's qualified team of staff. Where feasible, Fun on the Run will notify parents/guardians of these activities in advance, through e-mail or through posted daily itineraries.

Please check (☑):

- I **DO** give permission for my child to participate in camp-related walking excursions as described above.
- I **DO NOT** give permission for my child to participate in camp-related walking excursions as described above.

Name of Camp Location	Date of Submission
Name of Parent/Guardian (Print)	Signature of Parent/Guardian



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AUTHORIZATION FOR NON-PRESCRIPTION SKIN PRODUCTS

Summer Camp [2025]

Throughout our Summer Camp program, there may be non-prescription skin products that **you may provide** your child with to be administered daily. Therefore, this form has been provided to **authorize consent for Fun on the Run team members to support your child in the application of the following items:**

- Sunscreen
- Lip Balm
- Insect Repellent
- Lotions
- Hand Sanitizers
- Diaper Cream/Ointment (**children with exceptionalities only**)
- Other: _____

ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM. I **AUTHORIZE** MY CONSENT FOR FUN ON THE RUN TO ADMINISTER AND/OR ASSIST MY CHILD WITH THEIR PROVIDED NON-PRESCRIPTION SKIN PRODUCTS.

I understand that this consent is only valid for the 2025 Summer Camp program and may be withdrawn by me at any time, upon written notice.

Child's Full Name	Date of Submission
Name of Parent/Guardian (Print)	Signature of Parent/Guardian

I **DO NOT** PROVIDE CONSENT FOR AUTHORIZATION OF NON-PRESCRIPTION SKIN PRODUCTS ON MY CHILD AT FUN ON THE RUN.



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TUBBIES ORDER FORM
SUBMIT ONE ORDER FORM PER CHILD



Please choose ONE of the following lunch options per week.

All orders include condiments and cutlery.

<p>W1: Monday July 7th, 2025</p> <ul style="list-style-type: none"><input type="checkbox"/> \$10.00 Chicken Fingers and Waffle Fries<input type="checkbox"/> \$10.00 Grilled Cheese and Waffle Fries<input type="checkbox"/> \$10.00 Pancakes and Breakfast Sausages
<p>W2: Monday July 14th, 2025</p> <ul style="list-style-type: none"><input type="checkbox"/> \$10.00 Chicken Fingers and Waffle Fries<input type="checkbox"/> \$10.00 Grilled Cheese and Waffle Fries<input type="checkbox"/> \$10.00 Pancakes and Breakfast Sausages
<p>W3: Monday July 21st, 2025</p> <ul style="list-style-type: none"><input type="checkbox"/> \$10.00 Chicken Fingers and Waffle Fries<input type="checkbox"/> \$10.00 Grilled Cheese and Waffle Fries<input type="checkbox"/> \$10.00 Pancakes and Breakfast Sausages
<p>W4: Monday July 28th, 2025</p> <ul style="list-style-type: none"><input type="checkbox"/> \$10.00 Chicken Fingers and Waffle Fries<input type="checkbox"/> \$10.00 Grilled Cheese and Waffle Fries<input type="checkbox"/> \$10.00 Pancakes and Breakfast Sausages
<p>W5: Monday August 4th, 2025 – CLOSED</p>
<p>W6: Monday August 11th, 2025</p> <ul style="list-style-type: none"><input type="checkbox"/> \$10.00 Chicken Fingers and Waffle Fries<input type="checkbox"/> \$10.00 Grilled Cheese and Waffle Fries<input type="checkbox"/> \$10.00 Pancakes and Breakfast Sausages
<p>W7: Monday August 18th, 2025</p> <ul style="list-style-type: none"><input type="checkbox"/> \$10.00 Chicken Fingers and Waffle Fries<input type="checkbox"/> \$10.00 Grilled Cheese and Waffle Fries<input type="checkbox"/> \$10.00 Pancakes and Breakfast Sausages

Total Payment: \$ _____



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PIZZA NOVA ORDER FORM
SUBMIT ONE ORDER FORM PER CHILD



All pizza slices come with cheese ONLY – NO substitutions.

Pizza slices ordering: (1) slice is equivalent to (2) slices in a party size pizza.

- W1: Friday July 11, 2025 \$5.25 x _____ slices = \$ _____
- W2: Friday July 18, 2025 \$5.25 x _____ slices = \$ _____
- W3: Friday July 25, 2025 \$5.25 x _____ slices = \$ _____
- W4: Friday August 1, 2025 \$5.25 x _____ slices = \$ _____
- W5: Friday August 8, 2025 \$5.25 x _____ slices = \$ _____
- W6: Friday August 15, 2025 \$5.25 x _____ slices = \$ _____
- W7: Friday August 22, 2025 \$5.25 x _____ slices = \$ _____

Total Payment: \$ _____

CALEDON PARK ORDER FORM
SUBMIT ONE ORDER FORM PER CHILD



Please choose ONE of the following lunch options, if your child will be attending this off-site excursion.

All Combo's include: Sandwich Choice with a Juice Box and Bag of Chips.

- W7: Wednesday August 20th, 2025**
- \$10.00** Hamburger Combo
 - \$10.00** Hotdog Combo
 - \$10.00** Veggie Burger Combo

Total Payment: \$ _____



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INFORMED CONSENT/PERMISSION FORM FOR OFF-SITE EXCURSIONS (TRANSPORTATION)

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN WISHING TO ENROLL THEIR CHILD IN THE OFF-SITE EXCURSIONS SELECTED BELOW. **PLEASE CHECK (☑) OFF THE EXCURSIONS YOU WOULD LIKE YOUR CHILD TO ATTEND:**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> The Bubble Vaughan
Wednesday July 9 th , 2025 | <input type="checkbox"/> Toronto Zoo
Wednesday July 16 th , 2025 | <input type="checkbox"/> Treetop Trekking Stouffville
Wednesday July 23 rd , 2025 | <input type="checkbox"/> Caledon Park
Wednesday July 30 th , 2025 |
| <input type="checkbox"/> Legoland
Wednesday August 6 th , 2025 | <input type="checkbox"/> Playtopia
Wednesday August 13 th , 2025 | <input type="checkbox"/> Caledon Park
Wednesday August 20 th , 2025 | |

ELEMENTS OF RISK:

Educational activities that take place outside of the program involve certain elements of risk, some of which relate to transportation and traffic. Accidents may occur while participating in activities or while being transported to and from educational destinations outside of the school. Other elements of risk can also include falls, collisions, and other incidents, causing injury. The following list includes, but is not limited to examples of the types of injuries that may occur:

- | | |
|---|---|
| 1. Bumps & bruising; muscle sprain & strain | 4. Concussion; hit or blow to head |
| 2. Fainting; shortness of breath; dehydration | 5. Head, neck and back injuries |
| 3. Cuts & scrapes; broken bones; dental injuries | 6. Dismemberment; cutting, tearing |

The risk of sustaining these types of injuries result from the nature of the activities and can occur without any fault of either the child, Fun on the Run Pre-School Centre and its employees, the transporter (LANDMARK) and its employees, or the facility where the activities are taking place. By choosing to take part in the activities selected above, you, the parent/guardian are accepting the risk that your child may be injured. The chance of an injury occurring can be reduced by carefully always following instructions while engaged in the activities. If you choose for your child to participate in the selected off-site excursions on the date(s) indicated above, you must understand that you bear the responsibility for any injury that might occur.

CONCUSSIONS:

Concussions will be monitored if a child has sustained a hit or blow to the head or body and shows signs or symptoms of concussion. Management of concussion is key to supporting the child during recovery. Please be advised that your child will be asked to seek medical attention if signs and symptoms of concussion arise. You are advised to view Dr. Evans's YouTube video with your child prior to the trip <http://www.youtube.com/watch?v=55YmbIG9YM>.

ACKNOWLEDGEMENT:

I HAVE READ THE ABOVE STATEMENT REGARDING **ELEMENTS OF RISK AND CONCUSSIONS**. I UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITIES SELECTED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CONSENT/PERMISSION:

I GIVE _____ PERMISSION TO PARTICIPATE IN THE OFF-SITE EXCURSIONS THAT I, THE PARENT/GUARDIAN, SELECTED ABOVE (☑), ON THE DATES THAT ARE WRITTEN ABOVE BY ME.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



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**PLEASE COMPLETE THE FOLLOWING
WAVIERS TO ENSURE THAT YOU
CHILD(REN) ARE ABLE TO PARTICIPATE IN
THE PLANNED OFF-SITE EXCURSIONS:**

***Please check that you have completed the waivers
prior to submission***

THE BUBBLE VAUGHAN

(Wednesday July 9th, 2025)

Please click the link to complete the wavier.

<https://waiver.roller.app/thebubblevaughan/>

TREETOP TREKKING WAVIER

(Wednesday July 23rd, 2025)

Please see next two (2) pages to complete the wavier.

PLAYTOPIA WAVIER

(Wednesday August 13th, 2025)

Please click the link to complete the wavier.

<https://playtopia.onelinkpos.com/sign-waiver?wrap=2>

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO
SUE. PLEASE READ CAREFULLY!!!**

Initial

TREETOP TREKKING TREETWALK VILLAGE - TREE HOUSE COURSES IN THE FOREST

Date: Wednesday July 23rd, 2025 Location : 3291 Stouffville Road, Whitchurch-Stouffville ON L4A 7X5

First name of participant/supervisor		Last name	
Address		City	Province
Postal Code	Telephone number		Date of Birth

Emergency Contact : Name :	Allergies (Life Threatening)
Emergency Contact Phone # :	
Medical Conditions	Medications

TO: TREETOP TREKKING BRUCE'S MILL INC. and TORONTO and REGION CONSERVATION AUTHORITY and their respective affiliates, directors, officers, employees, agents, volunteers, independent contractors, representatives, successors and assigns (collectively hereinafter referred to as the "RELEASEES").

DEFINITIONS

- The term "Activities" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the RELEASEES and shall include, but is not limited to participating in "Treewalk Village" connected tree house courses, net ramps and low ropes courses and zip lines, hiking, observing or otherwise moving on or around the premises of the RELEASEES or any other such activities, events or services in any way connected with or related to the RELEASEES.

SAFETY ACKNOWLEDGMENT

- I acknowledge that I may be required to wear safety equipment while participating in the Activities if provided to me by the Releasees. I am aware that there are Guides and other staff available to answer any questions I may have about the Activities. I am aware that the unusual mental stresses and physical exertion required to participate in the Activities and the forces exerted on the body can activate or aggravate pre-existing mental or physical injuries, conditions or congenital defects. I acknowledge that the level of participation is at all times completely up to me and I am the best and only judge of my degree of ability to participate in the Activities and I am conscious of the risks which I am exposing myself to voluntarily and with full knowledge of the facts.
- I acknowledge having read the reverse of this document titled "TREETWALK VILLAGE REGULATIONS" and I attest that I will devote my utmost attention to learning and applying all safety requirements and rules for participating in the Activities.

ASSUMPTION OF RISKS

- I am aware that participation in the Activities involves inherent and unusual risks, dangers and hazards including, but not limited to slips and falls, falls from heights, difficult natural and/or man-made terrain, the use of ladders, ropes and bridges, adventure courses and zip-lines, impact or collision with trees, platforms or other natural or man-made objects, collision with other participants, guides or spectators, the failure to remain within designated areas, negligence of other participants and NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ACTIVITIES. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREIN. I am also aware that the risks, dangers and hazards referred to above exist throughout the Treewalk Village and may be uncontrolled, unmarked and not inspected.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

- In consideration of the RELEASEES agreeing to my participation in the Activities and permitting my use of the Treewalk Village, equipment, parking and other facilities and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I HEREBY AGREE AS FOLLOWS:

(a) TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury including death, or expense that I may suffer, or that my next of kin may suffer, either directly or in directly as a result of my participation in the Activities and my use of the premises and facilities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS' LIABILITY ACT, R.S.O. 1990, c.O.2, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ACTIVITIES.	Initial
(b) TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any claims or demands resulting from any property damage or personal injury to any third party, which might be made against the RELEASEES resulting from my participation in the Activities and my use of the Treewalk Village, equipment, premises or facilities.	
(c) That this agreement shall be effective and binding upon my heirs, next of kin, administrators, assigns and representatives, in the event of my death or incapacity.	
(d) That this agreement shall be governed and interpreted in accordance with the laws of the Province of Ontario and any litigation involving the parties shall be brought within the Province of Ontario, and	
(e) In entering into this agreement, I am not relying on any oral or written representations or statements made by the RELEASEES with respect to the safety of the Activities, other than what is set forth in this agreement.	

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I AM AGREEING TO THE FOLLOWING:

- THAT I AM ASSUMING ALL RISK OF INJURY, LOSS OR DAMAGE WITH RESPECT TO THE AERIAL PARK, THE EQUIPMENT, THE ACTIVITIES AND THE USE OF THE PREMISES AND FACILITIES;
- THAT I AM WAIVING ANY AND ALL CLAIMS ARISING FROM ANY CAUSE WHATSOEVER AGAINST THE RELEASEES, ON BEHALF OF MYSELF AND MY HEIRS, SUCCESSORS AND ASSIGNS; AND
- THAT I WILL INDEMNIFY THE RELEASEES IF ANY SUCH CLAIMS ARE BROUGHT AGAINST THEM.

Signature of Participant	Signature of Parent or Guardian (if participant is under 18 years old)
Signature of TREETOP Witness	THIS AGREEMENT MUST BE COMPLETED IN FULL, INITIALED, DATED, SIGNED AND WITNESSED BY US PRIOR TO PARTICIPATION IN THE ACTIVITIES!!!

TREEWALK VILLAGE REGULATIONS

1. No smoking anywhere within Treewalk Village.
2. Children under the age of 15 years must be accompanied by a parent/guardian who must stay with children at all times.
3. All participants must respect their wristband end times.
4. Pregnant women, intoxicated persons and individuals with heart conditions should not participate in the Activities.
5. Individuals who are overweight and/or in poor physical condition should be conscious of their well-being while participating in the Activities and should cease participation if necessary.
6. **RAIN CHEQUES** will be provided if the Releasees and their staff determine that the Activities cannot remain open.
7. The RELEASEES and their staff reserve the right of exclusion, with no other form of warning or reimbursement, of any person who does not respect the Treewalk Village Regulations. **I must respect any decision of the park guides or staff.**
8. Participants must respect the posted signage, ensure that there are no more than 5 people on a net at any time, only descend from the tree houses by way of the slides or ramps, refrain from climbing the fences, stay on the designated trails, respect the line-up process and not run or engage in any other types of games (e.g. "tag").

Initial

*It is strongly advised before beginning the Activities that you tie back long hair, wear sport shoes and comfortable clothing. You are in a forest environment. The RELEASEES are not responsible in the case of marks or tears to clothing and shoes sustained in the Treewalk Village.

MEDICAL ACKNOWLEDGMENT

I AM IN GOOD PHYSICAL AND MENTAL HEALTH AND DO NOT SUFFER FROM ANY HANDICAPS OR PHYSICAL CONDITIONS THAT COULD CONSTITUTE A DANGER TO MYSELF OR OTHERS AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES AS SUCH PARTICIPATION WILL PLACE UNUSUAL MENTAL AND PHYSICAL STRESSES ON THE BODY AND IS NOT RECOMMENDED FOR PEOPLE SUFFERING FROM ASTHMA, EPILEPSY, CARDIO/RESPIRATORY DISORDER, HYPERTENSION, SKELETAL, JOINT OR LIGAMENT CONDITIONS, CARDIAC OR PULMONARY CONDITIONS, HIGH BLOOD PRESSURE, NEUROLOGICAL DISORDERS, CRONIC NECK OR BACK PROBLEMS OR A HISTORY OF ANEURYSMS.

PROMOTIONAL MATERIAL – I acknowledge that pictures and/or video may be taken of me by the Releasees while I participate in the Activities. I give my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made by the Releasees. I agree that the Releasee has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release the Releasees and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I AM _____ YEARS OLD. IF I AM UNDER THE AGE OF 18, I HAVE THE WRITTEN PERMISSION OF MY PARENTS TO PARTICIPATE IN THE ACTIVITIES AND A PARENT OR GUARDIAN HAS SIGNED BELOW.

Signature of participant: _____

Signature of parent or guardian: _____

**This section to be completed by parents or guardians who are supervising children.
Maximum of 10 children for 1 adult.**

**Name of children
in my care :**

(First Name, Last Name, Age)

Please PRINT clearly

I understand and agree that the safety of the children under my guardianship and the safety of other children participating in the Activities depends on my commitment to ensure that the children listed above follow the Regulations above and the posted rules of the Treewalk Village and I agree that I accept this responsibility.



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METHOD OF PAYMENT

Kindergarten [CWELCC] Registration (children under 6 years of age)

FT Registration Fee: \$110.00 (Per Week, Per Child)

Tubbies Lunch Fee: \$ _____

Pizza Lunch Fee: \$ _____

Caledon Park Lunch Fee: \$ _____

Camp Shirt Fee: \$15.00 (Per Child)

School Age Registration (children 6 years of age and older)

FT Registration Fee: \$300.00 (Per Week, Per Child)

FT Additional Fees (Bus/Admission Costs): \$25.00 (Per Week, Per Child)

Tubbies Lunch Fee: \$ _____

Pizza Lunch Fee: \$ _____

Caledon Park Lunch Fee: \$ _____

Camp Shirt Fee: \$15.00 (Per Child)

Number of Children: _____

Payment Submitted with Sibling:

YES NO

Full Name of Sibling:

CASH

E-TRANSFER
(Follow instructions below)

TOTAL AMOUNT: \$ _____

E-TRANSFER AGREEMENT

RECIPIENT INFORMATION

Name of Organization: **Fun on the Run**

Email Address: camps@funontheruncentre.com

PLEASE NOTE: All monies will be deposited automatically via e-transfer. If you are submitting more than one payment via e-transfer (i.e. registering siblings), ensure to only submit ONE (1) transaction (payments combined), in order to limit the number of e-transfer payments.

SENDER INFORMATION

Full Name (Please Print): _____

Email Address: _____

Phone Number: _____

TRANSFER DETAILS

Banking Institution: _____

Payment Purpose: _____

(Example: "Summer Camp Registration for John Smith at Pope Francis CES")

Please ensure to complete this form in its entirety. If you have any questions, comments or concerns regarding e-transfer payments, please contact Fun on the Run's administrative team directly via email at camps@funontheruncentre.com.